

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/242383	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	1					51			
2	1					52			
3	1					53			
4	1					54			
5	1					55			
6	1					56			
7	1			1		57			
8	1					58			
9	3					59			
10	3					60			
11	3					61			
12	3					62			
13	①					63			
14	④					64			
15	⑤					65			
16	⑨					66			
17	⑩					67			
18	⑧					68			
19	⑪					69			
20						70			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.			4			TOTAL IND.			
TOTAL DEP.			15			TOTAL DEP.			
TOTAL CLAIMS			19			TOTAL CLAIMS			